2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2008
Secretary of State

DOCUMENT# F94000004928

Entity Name: MED IMAGES, INC.

Current Principal Place of Business:

9050 EXECUTIVE PARK DR., #110-C
KNOXVILLE, TN 379234614

New Principal Place of Business:

Current Mailing Address:

9050 EXECUTIVE PARK DR., #110-C
KNOXVILLE, TN 379234614

New Mailing Address:

FEI Number: 04-3369982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTIN, FL 33331 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PCEO	( ) Delete
Name:	MILLER, ANDREW W JR.	
Address:	30 BURTON HILLS, SUITE 325	
City-St-Zip:	NASHVILLE, TN 372152814	
Title:	S	( ) Delete
Name:	HOUSTEAU, JAMES C	
Address:	9050 EXECUTIVE PARK DRIVE, SUITE C-110	
City-St-Zip:	KNOXVILLE, TN 37923	
Title:	D	( ) Delete
Name:	BURLESON, GENE	
Address:	320 ARGONNE DRIVE	
City-St-Zip:	ATLANTA, GA 30305	
Title:	D	( ) Delete
Name:	KANTER, JOEL S	
Address:	913 DOUGLAS DRIVE	
City-St-Zip:	MCLEAN, VA 22101	
Title:	D	( ) Delete
Name:	GUY, ALAN	
Address:	1909 HERRON COVE DRIVE	
City-St-Zip:	KNOXVILLE, TN 37922	
Title:	D	( ) Delete
Name:	HENRY, ROBERT	
Address:	435 ROYAL OAKS DRIVE	
City-St-Zip:	NASHVILLE, TN 37205	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW W. MILLER JR. PCEO 07/15/2008

Electronic Signature of Signing Officer or Director — Date